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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

099/0399

Effective October 1, 2000														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OR	OTHER SMALL	
TOTAL CLAIMS				73		A STATE OF THE STA			RATE		FEE		RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA			BAS	IC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 73 minus					20=	. 53			X\$ 9=		OR	X\$18=	954	
INDEPENDENT CLAIMS					s 3 =	1.			X40=			OR	X80=	20
MULTIPLE DEPENDENT CLAIM PRESENT										+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2										TAL			TOTAL	1744
M	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ENTITY	OR	OTHER SMALL	
MTA			CLAIMS REMAINING AFTER AMENDMENT	12.50	HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
PME	7	otal •	MENUTA	Minus		3	=	1	×	\$ 9=		OR	X\$18=	
AMENDMENT	ļ	ndependent	- 1	Minus	٠ ک	7_			>	(40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT					IT CLAIN		J	+	135=		OR	+270=	-
	318 P 57.								ADI	TOTAL HT. FEE		OR	TOTAL ADDIT. FEI	
	Į	(Column 1) (Column 2) (Column 3)												
		and the state of t	CLAIMS REMAINING AFTER		NL PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total	AMENDMENT	Minus		12)	= 2			K\$ 9=		OF	×318≡	520C
		Independent	. 4	Minus	***	R	1=			X40=	1/	OF	X80=	
Ľ	۷ [FIRST PRESE	NTATION OF I	MULTIPLE DEP	ENDE	NT CLAIN	M			135=		OF	+270=	
	•	:							L	TOTAL		OF	ADDIT. FE	
	:•	(Column 1) (Column 2) (Column 3)										_		·
	NTC	val.	CLAIMS REMAINING AFTER AMENDMEN		PRE	GHEST UMBER VIOUSLY UD FOR	PRESEN' EXTRA			RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
3	AMENDMENT	Total	•	Minus	••		=	_		X\$ 9=		01	R X\$18:	=
		Independent	•	Minus	•••		=	_	Γ	X40=		\Box_{\circ}	R X80=	
	⋖	FIRST PRESE	NTATION OF	MULTIPLE DE	PEND	ENT CLA	IM		+		1	7	070	
							L 2		L	+135=				
		** **	b.a. Orandared	in the entry in colu y Paid For IN THI	SSMA		BIALL LU, CINC	"2 0."	Α	TOTA ODIT. FE	E	o	R ADDIT. F	EE
		If the "Highest Nu The "Highest Nur	imber Previous mber Previously	y Paid For IN TH Paid For (Total o	IS SPA or Indep	CE is less endent) is	than 3, enter the highest nu	3." mbe				box in	column 1.	